

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2003

Re: IRO Case # M2-03-0793

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 50-year-old female who on ___ was injured and developed low back pain with bilateral lower extremity pain. The pain persisted despite treatment including considerable medications, physical therapy and injections. An MRI 4/8/02 showed difficulty primarily on the left side at L3-4 and L4-5, but at the L5-S1 level this test was described as showing some degenerative disk disease change that was mild in degree. The patient's symptoms include lower extremity and hip discomfort, mainly on the left side. X-rays of the lumbar spine in 1997 fail to reveal any spondylosis or spondylolisthesis, and they were thought to be essentially normal regarding major problems being present secondary to injury or otherwise.

Requested Service

Anterior lumbar interbody fusion at L5-S1

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

The studies presented for this review suggest the potential of difficulty at the two levels above more than at the L5-S1 level. There is obvious disagreement regarding the results of the MRI, with the potential surgeon indicating the MRI showed end-plate edema and disk disruption at L5-S1, but the radiography report showing nothing that significant. I can only recommend that an independent MRI review be obtained to determine which interpretation is most accurate. In addition, flexion and extension views might be of some benefit in determining if any instability is present. The discography which was previously denied is unlikely to provide any information that would be of any benefit.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 5th day of May 2003.